



City of Brunswick CHARITABLE CONTRIBUTION REQUEST

Name of Organization _____

Address of Organization _____

Purpose of Organization _____

Amount Requested _____

Tax Exempt Status Yes _____ (Attach certificate) No _____

Organizational Structure Yes _____ No _____

Corporate Officers Yes _____ No _____

Articles of Incorp. Yes _____ No _____

Charter/By Laws Yes _____ No _____

Statement of Community Benefit: Explain specifically how this contribution will benefit Brunswick City residents:

(attach another page if needed)

Signature of Officer/Board/Member _____ Date: _____

Printed name of Officer/Board Member _____

Last Request Amount / Date _____

M & C Meeting Date _____ Action _____

Disbursement Action _____
